



CHILDREN'S ADMINISTRATION  
**PRIVATE CHILD PLACING AGENCY AGREEMENT**

		DATE			
		DSHS CASE NO.			
NAME OF CHILD		DATE OF BIRTH			
TRIBE(S)/BAND(S)					
FOSTER PARENT					
ADDRESS		TELEPHONE NO.			
CHILD PLACING AGENCY NAME		TELEPHONE NO.			
DSHS/DCFS LOCAL OFFICE		TELEPHONE NO.			
DATE OF PLACEMENT		DATE OF REMOVAL			
<p>_____ will be placed in foster care with the mutually agreed division of responsibility listed below. This agreement does not supercede the contract statement of work and may be re-negotiated at any time at the request of either of the above agencies.</p> <p>For the duration of this agreement the Child's legal custody is with: <input type="checkbox"/> DSHS <input type="checkbox"/> Tribal Court <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Parent</p> <p>The Child's physical custody (placement and supervision) is with: <input type="checkbox"/> DSHS <input type="checkbox"/> Tribe <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Parent</p> <p>The foster home shall be under the supervision of the private agency. No legal guardianships for an Indian child may occur without prior written approval by Tribe(s) or Band(s).</p>					
RESPONSIBILITIES/SERVICES		TRIBE(S)/BAND(S)	DSHS	CPA	N/A
1. Authority to place <input type="checkbox"/> Court Order <input type="checkbox"/> Voluntary Agreement.					
2. Provide direct services to child.					
3. Provide direct services to birth family.					
4. Provide direct services to foster family.					
5. Develop ISSP and permanent plan.					
6. Implement ISSP and permanent plan.					
7. Provide input for court report.					
8. Prepare court report.					
9. Appear in court.					
10. Attend case staffings and meetings.					
11. Advocate for and monitor special education services.					
12. Arrange for and monitor parental visitation.					
13. Assemble and submit documents required to determine financial eligibility.					
14. Assemble and submit documents required to apply for SSI and other possible resources.					
15. Provide medical planning for child.					
16. Provide consent for routine medical treatment.					
17. Face to face, in-home health and safety visits every 90 days.					
EXPLAIN/CLARIFY ANY OF THE ABOVE LISTED RESPONSIBILITIES/SERVICES.					
CHILD PLACING AGENCY WORKER		DATE	DSHS SOCIAL WORKER		DATE
AGENCY SUPERVISOR		DATE	DSHS SUPERVISOR		DATE